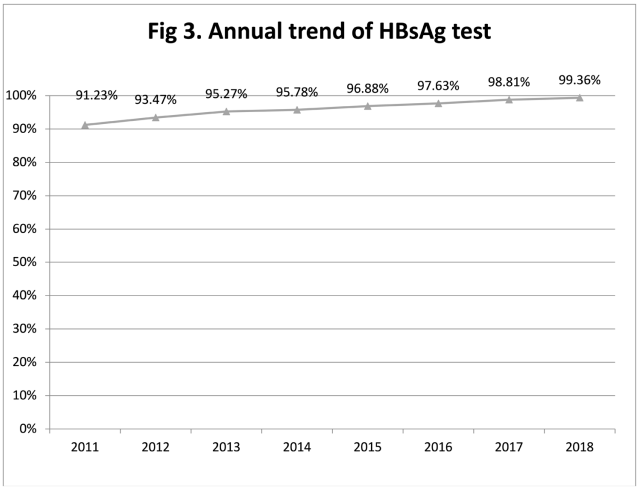

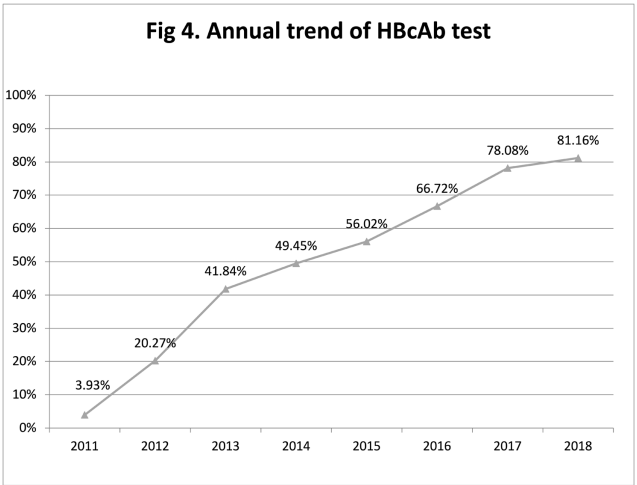

Disclosures. **All authors:** No reported disclosures.

290. Hepatitis E Virus Serostatus: A Retrospective Assessment of Demographics and Comorbidities to Assess High-risk Populations

Eric C. Stone, MD[1]; Zerelda Esquer Garrigos, MD[2]; Muhammad R. Sohail, MD[2]; Raymund R. Razonable, MD[3] and John C. O'Horo, Sr., MD, MPH[3]; [1]Mayo Clinic Rochester, Rochester, Minnesota; [2]Mayo Clinic College of Medicine, Rochester, Minnesota; [3]Mayo Clinic, Rochester, Minnesota

Session: 41. Hepatitis

Thursday, October 3, 2019: 12:15 PM

Background. Demographic and epidemiologic characteristics of Hepatitis E virus (HEV) infected patients in the United States are not well-described. HEV infection may result in severe complications and lead to chronic infection and cirrhosis, especially in immunocompromised patients. There are no widely accepted guidelines for HEV screening and testing in the United States. Identifying traits of known seropositive patients and comorbidities may inform better screening and prevention strategies. In this study, we describe rates of liver disease, transplant status, chronic kidney diseases, and diabetes mellitus among patients serologically tested for HEV at our institution.

Methods. We retrospectively reviewed all patients for whom HEV IgM or IgG serologic testing was performed across the Mayo Clinic enterprise using the Advanced Cohort Explorer tool. For patients with any documented HEV serologic test, we abstracted baseline patient characteristics and underlying comorbidities at the time of testing. We then grouped subjects according to serologic testing results by antibody type. Survival at one year from date of testing was also assessed.

Results. A total of 979 unique subjects were identified. The preponderance of subjects was Caucasian (781, 79.8%). Of subjects tested for HEV with serology, 123 (12.6%) had any positive serology. Breakdown of baseline characteristics and selected comorbidities are summarized in Table 1. The largest proportion of subjects, 458 (46.8%), were both IgG and IgM negative and 432 subjects received only IgM or IgG testing. Liver disease was more prevalent in patients with positive vs. negative testing (5.8% vs. 2.1%) as was higher age (average 55.1 years vs. 52.2). One-year survival was similar in all groups.

Conclusion. HEV serology is not commonly tested. Among those tested, seropositivity is uncommon. Our data show higher HEV seropositivity in older adults, which may represent increase risk of exposure over time. Higher percentage of positive testing was also observed in subjects with liver disease, which may indicate a possible etiologic association. Further population-based studies are needed to estimate prevalence of HEV infection and associated liver disease, outcomes in infected patients, and indications for testing in at-risk populations.

Table 1

Demographic and Baseline Characteristics by HEV Serologic Testing Result									
	IgM +/IgG-	IgM+/IgG+	IgM-/IgG+	IgM-/IgG-	IgG+	IgG-	IgM+	IgM-	Total
Number of subjects	20	15	54	458	25	101	9	297	979
Average Age (SE)	50 (3.89)	62.4 (4.50)	60.1 (2.37)	47.7 (0.81)	55.4 (3.48)	49.9 (1.73)	47.6 (5.8)	59.0 (1.01)	
Sex, F/M	9/11	7/8	25/29	216/242	14/11	44/57	3/6	167/130	
Race*	3/16/1	4/11/0	6/41/7	44/375/39	7/15/3	15/76/ 10	1/6/2	33/241/23	
DM (%)	3 (15)	2 (13.3)	8 (14.8)	41 (9)	4 (16)	19 (18.8)	0 (0)	43 (14.4)	
CKD (%)	6 (30)	2 (13.3)	15 (27.8)	87 (19.0)	3 (12)	21 (20.8)	1 (11.1)	59 (19.9)	
Cirrhosis (%)	6 (30)	6 (40)	23 (42.6)	168 (36.7)	6 (24)	41 (40.6)	2 (22.2)	109 (36.7)	
Liver transplant at time of testing (%)	3 (15)	1 (6.7)	11 (20.4)	51 (11.1)	2 (8)	19 (18.8)	0	28 (9.4)	
1 year survival (%)	19 (95)	13 (86.7)	49 (90.7)	383 (83.6)	22 (88)	95 (94.1)	9 (100)	246 (82.8)	

*Non-Caucasian/ Caucasian/ Unknown or Not Reported

Disclosures. **All authors:** No reported disclosures.

291. Using Individualized Provider Feedback to Improve HCV Screening in a High-Volume Emergency Department

Jason Zucker, MD, MS[1]; Fereshteh Sani, MD[2]; Kenneth Ruperto[3]; Jacek Slowkowski, MPH[4]; Lawrence Purpura, III, MD, MPHandTM[5]; Aaron Schluger, BA[6]; Susan Olender, MD[1]; Matt Scherer, MD[1] and Peter Gordon, MD[1]; [1]Columbia University Irving Medical Center, New York, New York; [2]Columbia University Medical Center, New York, New York; [3]New York Presbyterian Hospital, New York, New York; [4]New York Presbyterian, Long Island City, New York; [5]Columbia University Medical Center, Brooklyn, New York; [6]Columbia University Vagelos College of Physicians and Surgeons, Millwood, New York

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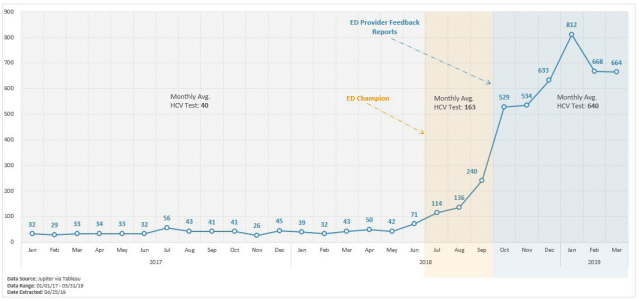
Background. Ending the Hepatitis C Virus (HCV) epidemic requires HCV testing as the critical first step. Busy urban Emergency Rooms are uniquely suited for HCV screening programs but numerous barriers to effective program implementation exist. We describe an emergency room physician champion model that utilizes the feedback intervention theory (FIT) to providers to increase HCV screening rates.

Methods. Due to the changing epidemiology of HCV in 2017 New York Presbyterian supported one-time universal HCV screening. In September 2018, our physician champion provided an educational session to ED providers about the importance of HCV screening and the proposed study. From the end of September to the end of March 2019, providers received a monthly e-mail from the ED champion and an automated text message with their individual and peer HCV screening rates. The number of HCV tests and percent of individuals with documented HCV testing in the ED was compared pre and post this intervention and to HCV testing in the inpatient and outpatient setting where feedback was not provided.

Results. On average ED providers evaluated approximately 14,000 patients per month. HCV testing increased 1,600% from an average of 40 tests per month in the 18 months prior to the intervention to an average of 640 tests sent per month during the intervention. tests sent in December. This was compared with stable inpatient and outpatient HCV screening during the same time period.

Conclusion. Individualized provider feedback paired with an ED physician champion can lead to a significant increase in HCV testing. Ongoing studies will determine if this intervention can lead to long-term behavior change.



Disclosures. **All authors:** No reported disclosures.

292. No association Between Direct-acting Antiviral (DAA) Therapy and Varicella-Zoster Virus (VSV) Reactivation in an Analysis of 37 Prospective Clinical Trials

Maximilian Rohde and Wendy Carter, DO; Center for Drug Evaluation and Research (CDER), US Food and Drug Administration, Division of Antiviral Products, Silver Spring, Maryland